

CERTIFICATE OF MAILING BY "EXPRESS MAIL" (37 CFR 1.10)

Applicant(s): Thomas Lenosky

Docket No.

15436.270

Application No.

10/683,908

Filing Date

October 10, 2003

Examiner

Leslie C. Pascal

Customer No.

022913

Group Art Unit

2633

Invention: CANCELLATION OF OPTICAL SIGNAL REFLECTIONS IN BI-DIRECTIONAL OPTICAL FIBERS

I hereby certify that the following correspondence:

Amendment "A" and Response (9 pgs); Transmittal Letter (1 pg in duplicate); Credit Card Payment Form; and Postcard

(Identify type of correspondence)

is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on

Aug. 3, 2005
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Gina Meredith

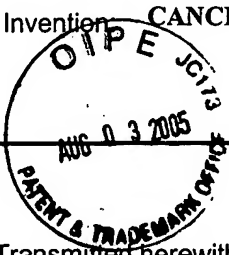

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Note: Each paper must have its own certificate of mailing.

AMENDMENT TRANSMITTAL LETTER (Large Entity)					Docket No. 15436.270	
Applicant(s): Thomas Lenosky						
Application No. 10/683,908	Filing Date October 10, 2003	Examiner Leslie C. Pascal	Customer No. 022913	Group Art Unit 2633	Confirmation No. 3079	
Invention: CANCELLATION OF OPTICAL SIGNAL REFLECTIONS IN BI-DIRECTIONAL OPTICAL FIBERS						
 COMMISSIONER FOR PATENTS:						
Transmitted herewith is an amendment in the above-identified application.						
The fee has been calculated and is transmitted as shown below.						
CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	23 -	24 =	0	x \$50.00	\$0.00	
INDEP. CLAIMS	5 -	4 =	1	x \$200.00	\$200.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$200.00	
<input type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 23-3178 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038.						
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
 _____ <i>Signature</i>			Dated: August <u>3</u> , 2005			
Peter F. Malen, Jr. Attorney for Applicant Reg. No. 45,576 Telephone No. 801-533-9800			<div style="border: 1px solid black; padding: 5px;"> I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____ _____ (Date) </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> _____ <i>Signature of Person Mailing Correspondence</i> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> _____ <i>Typed or Printed Name of Person Mailing Correspondence</i> </div>			
CC:						

